

REQUEST FOR CONTRACT ACTION

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

1. Type of Action:

a. (New), (Replace), or (Interim) Contract: _____

(1) Type of Services:

(2) Statement of Work:

b. Justification:

2. Period services Will Be Required: _____

3. Fiscal Data:

a. Accounting Code:

_____ APPR	_____ DU	_____ CC	_____ P	_____ M	_____ S	_____ PROJ CODE	_____ SUB - OBJ
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b. Estimated Hours and Expenditures:

(1) Base Period: _____ to _____

(2) Estimated Number of Inmates: _____

(3) Est. cost of Intake Assessment: \$ _____

Est # of Hrs. Individual Couns. (per inmate) : _____

Est. cost of Individual Coun. (per hr.) : \$ _____

Subtotal: \$ _____

Est # of Hrs. Group Couns. (per inmate) : _____

Est. cost of Group Coun. (per hr.) : \$ _____

Subtotal: \$ _____

Est # of Hrs. Family Couns. (per inmate) : _____

Est. cost of Family Coun. (per hr.) : \$ _____

Subtotal: \$ _____

(Cont'd)

Total Est. Expenses (per inmate)

\$ _____
x _____ (inmates)

Total Estimated Expenses for Services:

\$ _____

(4) Suggested Sources (Attach list if necessary):

(5) Existing Competitively-let Contracts Within a 50-Miles Radius:

(6) Billing Respinsibility:

(7) Requestor: _____ (signature) _____ (date)

(8) CCRA: _____ (signature) _____ (date)

(9) TSC/CO: _____ (signature) _____ (date)

(10) Contractng Officer: _____ (signature) _____ (date)

Additional Sources list Cont'd: